# A "Flexner Report" for Professional Nursing?

## Summary of the Recommendations of the National Commission for the Study of Nursing and Nursing Education

RHEBA DE TORNYAY, R.N., ED.D., *San Francisco*

FOR ALMOST HALF A CENTURY the public and health professionals have been aware of a qualitative and quantative gap between available and desired nursing resources. The many studies on nursing needs and resources and recommendations about the future of nursing and nursing education all reflect this general concern.[1,2,3,4] These studies, in varying degrees, made recommendations relevant to the utilization of nurse manpower, the educational system necessary to meet patients' nursing needs for the future, and the need to define and delineate the scope of nursing practice. Each report, although it contributed to the next and provided resource materials for leaders in nursing practice and nursing education, largely remained in the archives of nursing's history. The recurrent themes remained the same: nurses must be prepared for both the increasingly complex demands of institutional nursing and for the rapidly emerging field of community nursing; the system of apprenticeship that existed in preparing nurses exclusively within the practice setting rather than in an educational institution should be reversed; and nurses should be utilized to the full capacity of their professional competence rather than performing menial tasks that could more appropriately, and economically, be relegated to nonnursing personnel.

Although it would be interesting to reflect upon the social reasons these recommendations —valid enough to bear repeating over and over both by professional nurses and by those social scientists who have studied nursing—have not been heeded, it is perhaps more fruitful to turn instead to the latest nursing report, the recommendations of the National Commission for the Study of Nursing and Nursing Education.

### Background for the Study

Recognizing that nursing is an essential element of health care, and that major problems confronted the nursing profession, the Surgeon General of the United States Public Health Service appointed a Consultant Group on Nursing, composed of consumers of nursing services, physicians, and nurses. This group's report of 1963 recommended that a study be made of the present system of nursing education in relation to the responsibilities and skill levels required for high quality care.[5] The American Nurses' Association and the National League for Nursing joined together to determine ways of studying and financing such a nursing study. In 1967 the National Commission for the Study of Nursing and Nurs-

The author, President-Elect of the California Nurses' Association, is an associate professor in the School of Nursing at the University of California, San Francisco, a member of the American Nurses' Association Commission on Nursing Education and of the California Health Manpower Council.

Submitted July 15, 1970.

Reprint requests to: University of California, San Francisco, School of Nursing, 1472 Fifth Avenue, San Francisco, Ca. 94122 (Dr. R. de Tornyay).

ing Education was formed. In order to avoid vested professional nursing interests, the Commission was established as an independent agency financed largely by private foundations. The 12-member Commission included individuals from business and industry, universities, and the health professions. The charge to this Commission was to examine the changing practices and educational patterns of nursing, as well as predict the requirements in professional nursing over the next several decades.

## The Study Design

To attain the objectives of the study, the Commission analyzed current practice and attempted to assess future patient needs. In its own words, the Commission "hoped to take the best from what is available today and develop ways to enhance direct patient care for tomorrow." In addition to reviewing articles and research reports on nursing practice, nursing education, and nursing careers, the Commission met with and discussed nursing with numerous groups of persons in many geographical locations representing consumers, physicians, hospital administrators, nurses, and other health professionals. Both a diverse health professions advisory panel, composed of physicians and other health professionals, and a nursing advisory panel were formed for the purpose of obtaining input from representative individuals who would be affected by the Commission's decisions, as well as providing a means for determining consensus and reasonable compromise.

## Findings, Recommendations and Implications

The full report of the Commission has not been published at the time of this writing.[6] This article is based upon a summary of the Commission's recommendations, as published in the nursing journals.[7,8]

The principal thrust of the Commission's findings and recommendations can be summarized as follows:

> In order to insure adequate career opportunities that will attract and retain the numbers of individuals required to give quality health care in the coming years, nursing roles must be clarified and there must be a reorganization of the career patterns for nursing practice.
>
> There is need for enhanced educational systems for nursing.

The Commission report assumes that excellence in nursing practice will result in measurable benefits to patients and clearly states that it is regrettable that few studies have been conducted to determine the effectiveness of nursing interventions. In the past, nursing has lacked both the personnel trained in research methods and the funds to conduct such studies. With the advent of doctoral programs in nursing, as well as the increase in the number of nurses prepared at the doctoral level in related disciplines, the systematic evaluation of the impact of this further education on nursing care is possible today. The Commission findings suggest that a rigorous and systematic study be made of nursing's role as an independent variable in the total health system, as measured by such objective criteria as improvement in patient condition, evidence of early discharge, or return to employment, reduced incidence of readmission to care facilities and lowered rate of communicable disease. To this end, it recommends the appropriation of governmental and private grant funds or research contracts to investigate the effect of nursing practice on the quality, effectiveness and economy of health care.

The Commission report devotes considerable attention to nursing roles and functions. It clearly points to the need for clarifying nursing's role in order to provide the numbers of qualified nurses needed to cope with the problems of health care delivery. Nursing's role has never been defined. It has developed as needs evolved and, sadly, not all the needs have been direct patient care needs. The nurse, ever present and ever available, has substituted for the pharmacist, housekeeper, administrator, secretary, and janitor. The major question of the nursing shortage—is it real or is it a problem of mismanagement?—was carefully considered by the members of the Commission.

For a number of recent years, nursing has been faced with the problems of directing and supervising the care of patients through others—vocational nurses and nurses' aides. In addition, nurses have been responsible for supervising the related supporting services of housekeeping and hospital management. For too many years, higher degrees in nursing have focused on nursing roles, such as supervisor or teacher, rather

than on nursing science with the goal of studying nursing interventions and their relation to patient care. Further, administrative and teaching positions have been more rewarding in money and in social status. For these reasons, nurses with increased education were drawn away from direct patient care.

This trend is currently being reversed. Nurses today are desirous of increased emphasis on clinical practice, and higher education programs leading to the doctorate in nursing science concentrate on clinical nursing specialization. However, at the very same time that nursing is struggling to remain clinically oriented, physicians are pondering the desirability of delegating more tasks and sharing more responsibility with other health professionals, including nurses.

The recent decision of the American Medical Association Board of Trustees to endorse in principle the increased use of nurses and other qualified health professionals to "practice medicine under the direction of a doctor" has caused consternation to nurses. The Commission suggests that such a proposal is, indeed, consistent with both the clinical capabilities demonstrated by an increasing number of nurses and the desires of nurses to match professional skills and job responsibilities. However, the Commission recognized the right and responsibility for each profession to assess its own roles, and emphasized the critical need for *joint planning for congruent roles*. To quote from the Commission's report:

"The nation could certainly use 50 to 75 thousand nurse master clinicians. Their roles, functions, and professional relationships, however, must be developed through mutual trust and cooperative planning between the two professions most intimately involved. At an early point in the discussions, health management people and representatives from related professions must be introduced into the process. *Unilateral decisions usually turn into no decisions* (italics added) and we can ill afford such delay in our health care system today."

It may appear paradoxical to any physician reading this article that on the one hand nursing is expressing a desire for increasing emphasis on clinical practice through concentration on a clinical specialty, while on the other hand rejecting the AMA proposal. Perhaps it can best be described by quoting the chairman of the ANA Commission on Nursing Education as she attempts to differentiate the central focus of medicine and nursing.[9]

"The central focus of the physician's work is and must continue to be on *cause*—making differential diagnosis of illness and disability and instituting medical therapies for persons having maladies—to remove, alleviate, or attenuate the cause through judicious and skillful use of medicaments, surgical interventions, physical therapies, and verbal exchange. The primary focus of the physician's work is to effect cure for those suffering from maladies. All persons, regardless of race, creed, national origin, and social and economic status, should have the services of physicians who are effectively trained to make differential medical diagnosis and to institute cures.

"All persons also need the services of highly competent nurses. The central focus of the nurse's work is and must continue to be on care —exercising surveillance over people to detect deviations from 'normal' (so that they can be referred for differential medical diagnosis), teaching them about health care and their therapies, caring for them over relatively sustained time periods when they need help in coping with problems accompanying illness, injury, infirmity, and medical diagnosis and therapy. The nurse's work is indeed therapeutic, but the nurse role must be filled by persons whose *primary* focus is on caring, not curing. Practitioners use a variety of nursing measures in helping patients to utilize their own and other resources to withstand threats to health and to be restored to maximum health and function."

It is obvious that open dialogue between medicine and nursing must be maintained on a continuing basis. To this end the Commission recommends that:

> A national Joint Practice Commission, with state counterpart committees, be established between medicine and nursing to discuss and make recommendations concerning the congruent roles of the physician and the nurse in providing quality health care, with particular attention to: the rise of the nurse clinician; the introduction of the physician's assistant; the increased activity of other professions and para-professions in areas long assumed to be the concern solely of the physician and/or the nurse.

Among the items on which exchange of information and views is needed, as cited by the Commission report, is included possible changes necessary in licensure and regulations to insure the development of new patterns of congruent roles in medicine and nursing to provide the delivery of quality health care to all people. The California Nurses' Association places this high in priority among its programs and looks forward to working in concert with the California Medical Association and the licensing boards of both medicine and nursing in the near future.

Cognizant of the differing skills required for caring for patients with acute and chronic problems when the emphasis is predominantly one of curing and restoring function, and where the patient is most commonly cared for in an institutional setting, as compared with the care of patients designed essentially for health maintenance and disease prevention, most usually taking place in a community setting, the Commission suggests that two related, but differing, career patterns for nursing practice be developed. The Commission has identified practice that is essentially restorative as *episodic,* and practice that is essentially preventative as *distributive.*

In what appears to be an innovative and creative approach to the complexity of health care and the increasing demands of nursing's capacity to assist those in need of nursing care, these career patterns would allow for the nursing student to select that career route most appealing to her, rather than attempt to become prepared to function in all situations. Although the Commission cautions that too narrow a specialization will not be in the best interest of the public, or nurses, it does believe that these two general fields can be developed to provide a range of activity, a concentration of interest, and an opportunity for cross-relationship. Each specialty would have a career plan in which beginning staff nurses could progress to increasing levels of competence to become master clinicians capable of using judgment in initiating, organizing and providing complex nursing care to patients. The actual practice of nursing must be as economically rewarding and satisfying as administrative and teaching positions in order to keep the nurse with increased knowledge and competence at the patient's side.

The Commission also addressed itself to the necessity of relieving nurses of non-nursing roles. It recommended that continued study be given to the use of technology, organizational practices, and such specialized personnel as ward clerks and unit managers in order to release nurses from non-nursing functions. It emphasized the importance, however, of nursing control over the delivery of nursing care.

The need for additional and on-going continuing education for nursing is stressed. With the changing health roles and functions, it is apparent that programs should be planned and conducted by interdisciplinary teams. In addition, nursing must attempt to re-attract many inactive nurses. In order to do so, refresher courses and planned orientation and in-service education must be provided. Flexible employment policies, scheduling to accommodate part-time nurses, and maternity leaves are all cited as important factors in inducing inactive nurses to return to the practice of nursing. Assistance for continuing and graduate education to qualify for advancement and leaves for educational purposes are discussed as means of increasing nurse retention and reducing turnover. The Commission concludes that a combination of improved personnel policies, a strong reward system for clinical practice, and the development of a career plan for nursing practice will resolve the chronic shortage of nurses.

As the second priority for research, the Commission points out the need to investigate the problems of nursing education, its curriculum and methods, its requirements and articulation. Nursing's pattern of education continues diffuse with three different kinds of institutions preparing for the licensure examination. Whereas there has been a significant shift over the past quarter century from the preparation of nurses in hospital schools of nursing toward the nursing programs in colleges and universities, there continues to be a lack of agreement among nurses, other health professionals, and employers of nurses as to the most desirable setting for nursing education.

For a combination of reasons, almost 50 percent of the hospital schools of nursing have closed in recent years. However, the number of nursing graduates has increased, largely as the

result of the newly established nursing programs in community and junior colleges. That the issue of where nurses should be educated has been a heated one is well known to all physicians. The Commission realized that the essential questions pertaining to nursing education must be examined apart from partisan proclamation or organizational pronouncements. Basic issues that must be resolved include the increased cost to the patient when a hospital supports a nursing school as compared with the spread across the entire tax base when nurses are educated in publically supported colleges and universities.

It is a well known fact that today's youth is college bound; fourteen years of education is the norm. However, the single purpose hospital school of nursing has had a vital history in providing the majority of nurses for practice. The Commission recognized that some hospital schools of nursing do possess every requisite of an institution of higher education through the qualifications of their faculty, facilities, resources and student selection. The Commission suggests that those hospital schools of nursing that have the necessary academic and financial resources seek accreditation through the regional accrediting association as degree granting institutions in their own right.

This restructuring of the educational pattern for nursing must include some master planning. It is important for those of us in California, where junior colleges flourish in many communities, to realize that the shift from hospital schools of nursing to college based nursing education cannot be as easily accomplished in many other states. The Commission points out that it is to the interest of the whole country that such a transition be carried out with all deliberate speed. To this end the Commission recommends that:

> Each state have, or create, a master planning committee that will take nursing education under its purview, such committees to include representatives of nursing, education, other health professions, and the public, to recommend specific guidelines, means of implementation, and deadlines to insure that nursing education is positioned in the mainstream of American educational patterns.

Although the Commission's report focuses on the problem of changing institutional patterns of nursing education, it points to the need for a planned and articulated curriculum between the collegiate components of the new educational pattern of nursing. Whereas it is important to graduate nurses with optimum capability for nursing care, career mobility must be facilitated. This means that every opportunity for qualified individuals should be provided to allow for transfer from any type of preparatory program, in order to pursue higher career goals.

This well planned nursing study deserves the careful consideration of all who deliver or receive health services. One might ask, what are the reasons that these recommendations made in 1970 will be implemented when similar recommendations made over the past 50 years have been slow to bear fruit? The Commission report itself gives some of the answers.

First, it cites the general recognition from both nurses and others that things must now change in order to insure minimal requirements for present and future nursing care. No one can possibly deny that there is a critical scarcity of nurses giving direct care to patients. Second, the public is increasingly concerned about the costs and conditions of patient services. Third, the health professions, medicine and nursing, as well as hospitals, have come to realize that differences among the groups providing health care services must be resolved by the professions on behalf of optimum patient care, or the public will take the resolution of such issues upon itself to solve.

In its conclusion, the Commission points out that nursing must emerge as a full profession—dedicated and capable. It states:

> "Reveille, then, sounds not for nursing alone, but for all who want American society to enjoy the promise of optimum health care, sensitively and humanely dispensed."

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